

## **File Composition by State**

### **HCUP State Inpatient Databases (SID)**

**This document contains cumulative descriptions of the HCUP data files across all years of HCUP data from 1988 to the current data year.**

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## **Arizona File Composition**

### **Source Files**

The HCUP Arizona inpatient files were constructed from the Arizona Hospital Inpatient Database from the Cost Reporting and Review Section of the Arizona Department of Health Services.

### **Which Hospitals**

Arizona supplied discharge abstract data for inpatient stays in acute care and rehabilitation hospitals with more than 50 beds.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The source documentation supplied by Arizona does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

## California File Composition

### Source Files

The HCUP California inpatient files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD).

### Which Hospitals

California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state operated hospitals. California excluded inpatient stays that, after processing by OSHPD, did not contain a complete and "in-range" admission date or discharge date. California also excluded inpatient stays that had an unknown or missing date of birth.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### Inclusion of Stays in Special Units

Included with the general acute care stays are stays in skilled nursing, intermediate care, rehabilitation, alcohol/chemical dependency treatment, and psychiatric units of hospitals in California. How the stays in these different types of units can be identified differs by data year. Prior to 1998, the first digit of the source hospital identifier (DSHOSPID) contains the information. Beginning in 1998, the information is retained in the HCUP variable LEVELCARE. The values for the level of care are defined as follows:

- 0 = Type of unit unknown (beginning in 1996)
- 1 = General acute care
- 2 = Not a valid code
- 3 = Skilled nursing and intermediate care (long term care)
- 4 = Psychiatric care
- 5 = Alcohol/chemical dependency recovery treatment
- 6 = Acute physical medicine rehabilitation care.

Reliability of this indicator for the level of care depends on how it was assigned.

*Prior to 1995.* The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

- If the hospital submitted one batch of records per type of care, then the

distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.

- If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

*Beginning in 1995.* Hospitals in California were required to assign type of care codes to individual records for certain discharges. These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

### **SID Notes**

*A Very Unusual Community Hospital.* One hospital, the Veterans Home of California, also known as the Nelson M. Holderman Memorial Hospital in Yountville (prior to 1998, DSHOSPID=n06281297, where n indicates the facility type; beginning in 1998, DSHOSPID=281297), is very unusual. The majority of the beds are in a nursing home type unit. The AHA Annual Survey defines it as a community hospital; it is included in the HCUP California SID.

## Colorado File Composition

### Source Files

The HCUP Colorado inpatient files were constructed from the Discharge Data Program (DDP) files from the Colorado Health and Hospital Association.

### Which Hospitals

Colorado supplied discharge abstract data from acute care hospitals, including swing beds and distinct part units.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### Inclusion of Stays in Special Units

The Colorado Health and Hospital Association does not require hospitals to submit information from their SNFs and ICFs, but no attempt has been made to verify their exclusion.

### Exclusion of Records

From 1988 to 1990, Colorado supplied abstracts for ambulatory surgeries in the same source files as the inpatient discharge abstracts, distinguished by a record type indicator. Starting in 1991, Colorado supplied inpatient and ambulatory surgery records in separate files. Only the inpatient discharges were retained in the HCUP SID. The table below explains how the inpatient discharges were identified.

### How Inpatient Records Were Identified in Colorado Data

<b><i>Record Type</i></b>	<b><i>Value of Record Type Indicator on Abstract</i></b>	<b><i>Inclusion in HCUP Data</i></b>
Inpatient	1	Include
Ambulatory surgery	2	Exclude
Unknown	0	Exclude if all of the following conditions are true (i.e., assumed to be an ambulatory surgery record): <ul style="list-style-type: none"><li>• Length of stay is 0;</li><li>• Principal procedure is present;</li><li>• Total charges are nonmissing;</li><li>• Routine (room and nursing) charges are missing;and</li></ul>

		<ul style="list-style-type: none"> <li>Age in days is not equal to 0.</li> </ul> <p>Otherwise, include as an inpatient record.</p>
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Beginning in 1998, records with a discharge disposition of "still a patient" were excluded from the HCUP Colorado inpatient data. Prior to 1998, this disposition code was not used by Colorado.

### SID Notes

Longitudinal identification of Boulder Memorial Hospital in Colorado is confusing because the AHA transferred their identification number from one facility to another instead of following their usual practice of assigning a new number to a new facility.

*AHA Hospital Identifier* Boulder Memorial hospital, which was owned by the Seventh Day Adventists, was reported by the AHA as temporarily closed between 1988 and 1989. The facility was then acquired by Boulder Community Hospital, and the name Boulder Memorial Hospital was changed to Mapleton Center for Rehabilitation. This is the facility referred to as "Memorial/Mapleton" in the table below.

When the Seventh Day Adventists opened a new hospital, Avista, in a neighboring community, the AHA judged this to be a replacement for Boulder Memorial hospital and reused Boulder Memorial's AHA ID number for the new facility. This is the facility referred to as "Avista" in the table below; it carries the original AHA ID for Boulder Memorial hospital even though it is a new hospital.

*HCUP Hospital Identifier* Avista was assigned a new unique HCUP hospital identifier (HOSPID) even though the AHA did not assign a new ID number. Following HCUP conventions, discharges from Boulder Community and Mapleton, which were submitted to the data source (COHA) with distinct ID numbers, are combined during processing and reported together as Boulder Community Hospital to match the AHA definition of that institution.

### History of Boulder Memorial Hospital Hospital Identifiers

Hospital	Hospital Identifier	1988	1989	Starting in 1990
Boulder Community	CO	524	524	524
	AHA	840040	840040	840040
	HCUP	08068	08068	08068
Memorial/ Mapleton	CO	528	528	528
	AHA	840030	*	*
	HCUP	08091	08068	08068
Avista	CO	N/A	N/A	300
	AHA			840030

	HCUP			08108
At this point, the Mapleton facility became a rehabilitation facility reporting with Boulder Community hospital. There was no separate AHA identifier.				



## **Florida File Composition**

### **Source Files**

The HCUP Florida inpatient files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration.

### **Which Hospitals**

The Florida confidential files consist of discharge abstract data from non-federal Florida hospitals. Although Florida did not routinely collect data from long-stay or rehabilitation hospitals, some were present in their data. Until an administrative change in 1993, Florida continued to collect data from any facility that had previously reported to them regardless of changes in status. Beginning in 1997, Florida reported data for psychiatric hospitals that were not previously included in the Florida files. Florida also reported some acute care and nursing home units separately from their major facility. See the Florida note under DSHOSPID for specific details.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

Inpatient stays in special units (e.g., psychiatric, rehabilitation, long-term care) may be included in the HCUP Florida inpatient data. Florida instructs hospitals to submit records only for stays in acute facilities and to exclude records from special units, but according to Florida AHCA, not all hospitals follow these instructions.

### **SID Notes**

*Community Hospital Excluded from HCUP Florida SID.* Even though the AHA Annual Survey classified Vencor Hospital-Fort Lauderdale hospital as a community hospital in 1987-1991, all data from that hospital were excluded from the 1990-1991 HCUP Florida SID.

The 1987 AHA data for this hospital were obtained from a survey response; for 1988-1991, the hospital was a non-reporter to the AHA survey and, as a result, its community hospital status was imputed. Data for Vencor Hospital-Fort Lauderdale were included in the 1988-1989 HCUP SID. A review of this hospital's 1990-1991 inpatient data suggested a conversion to a long-term hospital. This was confirmed by the Florida Agency for Health Care Administration, which indicated that the hospital changed from short- to long-stay and began specializing in rehabilitation services during 1989. On this basis, Vencor Hospital-Fort Lauderdale hospital was excluded from the 1990-1991 HCUP SID.

Vencor Hospital-Fort Lauderdale can be identified by DSHOSPID 100120, AHA ID 399040, or HOSPID 12245.

Beginning in 1992, the AHA Annual Survey correctly identifies this hospital as a non-community hospital.

## **Iowa File Composition**

### **Source Files**

The HCUP Iowa inpatient files were constructed from the Statewide Database provided by the Iowa Hospital Association.

### **Which Hospitals**

Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by the Iowa Hospital Association indicates that the data include stays in acute exempt units, but exclude stays in swing bed and long-term care units.

## **Kentucky File Composition**

### **Source Files**

The HCUP Kentucky inpatient files were constructed from inpatient discharge files received from the Kentucky Cabinet for Health Services, Department for Public Health.

### **Which Hospitals**

The Kentucky Cabinet for Health Services, Department for Public Health, collects data from acute care licensed hospitals in Kentucky.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by Kentucky does not include whether information on stays in special units (e.g., psychiatric, rehabilitation, long-term care) within the hospital are included in the data.

### **Exclusion of Records**

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP Kentucky inpatient data.

## **Maine File Composition**

### **Source Files**

The HCUP Maine inpatient files were constructed from the Maine Health Data Organization inpatient discharge files. As is the case for most inpatient discharge data sets, the Maine database may include records for patients admitted through the emergency room and directly into inpatient care. These records cannot be identified in the database because information on the source of admission or revenue codes are not provided.

### **Which Hospitals**

These data include inpatient discharge data from general acute care hospitals, including psychiatric and rehabilitation hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation provided by Maine does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

### **Exclusion of Records**

Records with a discharge disposition of "still a patient" were excluded from the HCUP Maine inpatient data.

## **Massachusetts File Composition**

### **Source Files**

The HCUP Massachusetts inpatient files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy.

### **Which Hospitals**

Massachusetts supplied discharge abstract data for inpatient stays from general acute care hospitals in Massachusetts.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation provided by Massachusetts indicates that inclusion of discharges from special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) varies by hospital.

### **SID Notes**

ERRORS in the 1991 Massachusetts SID. Due to an error in HCUP processing, the following correction should be made to the 1991 Massachusetts SID before use:

Delete all records with HOSPID = 25098 (n=2605).

This facility became an outpatient facility in 1991 and is not reported in the 1991 AHA Annual Survey.

## **Maryland File Composition**

### **Source Files**

The HCUP Maryland inpatient files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC).

### **Which Hospitals**

Demographic and utilization data for inpatient stays in Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation provided by Maryland does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

## **New Jersey File Composition**

### **Source Files**

The HCUP New Jersey inpatient files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day stays.

### **Which Hospitals**

New Jersey supplied discharge abstract data for inpatient stays from general acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation provided by New Jersey does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

### **Exclusion of Records**

Beginning in 1999, records with a discharge disposition of "still a patient" were excluded from the HCUP inpatient files. Prior to 1999, this type of record was not included in the source data files.

New Jersey supplied a mixture of inpatient and ambulatory surgery records, which were not distinguished by a record type indicator. Ambulatory surgery records were excluded from the HCUP inpatient database based on a definition supplied by New Jersey. The definition of ambulatory surgery records supplied by New Jersey is:

- Same-day stay (LOS = 0),
- Non-zero charges to operating room or same-day surgery, and
- Discharged to home (DISP = 1).



## New York File Composition

### Source Files

The HCUP New York inpatient files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File.

For 1988-1993, New York supplied their Master File which consists of Discharge Data Abstracts (DDAs) matched to Uniform Billing Forms (UBFs) for inpatient stays. New York created the Master File by matching DDAs and UBFs based on Permanent Facility Identifier, Medical Record Number, Admitting Number, Admit Date, and Discharge Date. If the DDA and UBF records matched, the information from the DDA and UBF was included in the Master File. If there was no match, the information from the DDA was included in the Master File. Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information, which would have come from the UBF, is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

1988	77.2%
1989	26.3%
1990	62.8%
1991	93.7%
1992	91.8%
1993	95.5%

Beginning in 1994, hospitals submitted discharge records to New York in a new format, using Universal Data Set (UDS) specifications. This format combines the old UBF and DDA data into a single submission record. In these years, New York supplied records for HCUP that contain complete discharge and uniform billing data corresponding to the "matched" records in earlier years.

### Which Hospitals

The New York files contain inpatient discharges from acute care hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### Inclusion of Stays in Special Units

The documentation supplied by New York indicates that the data include stays in detoxification (alcohol and drug abuse), alcohol rehabilitation, mental retardation, mental rehabilitation, rehabilitation, alternate level of care, and psychiatric (acute and long term) units within community hospitals. Records for these different types of care

cannot be identified from the data elements available in the HCUP New York inpatient data.

### **Exclusion of Records**

The following New York records were excluded from the HCUP inpatient database:

- For all years, interim records for patients who had not been discharged.
- For 1988-1992, records with a transaction code indicating "Deletion of a Record Previously Accepted" were excluded. These records were incorrect versions of accurate records included elsewhere in the SPARCS files. This was not a problem in subsequent years' data.
- For 1988-1993, Uniform Billing Forms (UBFs) that could not be matched to Discharge Data Abstracts (DDAs) were excluded. Matched DDA and UBF records and unmatched DDA records (without charges) were retained in the data.
- Beginning in 1994, records with a discharge disposition of "still a patient."
- Beginning in 1998, records with a discharge disposition of "admitted to this hospital."

## **North Carolina File Composition**

### **Source Files**

The HCUP North Carolina inpatient files were constructed from hospital discharge files received from the North Carolina Department of Health and Human Services.

### **Which Hospitals**

The North Carolina Department of Health and Human Services collects inpatient data from acute care licensed hospitals, rehabilitation facilities, psychiatric facilities and substance abuse facilities in North Carolina. Four state psychiatric hospitals are not included.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by North Carolina does not indicate whether information on stays in special units (e.g., psychiatric, rehabilitation, long-term care) within the hospital are included in the data.

### **Exclusion of Records**

Records with a discharge disposition of "still a patient" were excluded from the HCUP North Carolina inpatient data.

## **Oregon File Composition**

### **Source Files**

The 1993-1995 HCUP Oregon inpatient files were constructed from the Office for Oregon Health Plan Policy and Research discharge files. Beginning in 1996, HCUP Oregon files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems.

### **Which Hospitals**

The Oregon files consist of discharge abstract data for inpatient stays from member hospitals. Source documentation provided by Oregon indicated that discharges from Veteran's hospitals were included in the Oregon data in 1994. Beginning in 1995, discharges from Veteran's Administration facilities were not included. Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

Stays in special units within Oregon hospitals (e.g., psychiatric, rehabilitation, long-term care) are included in the source data and therefore in the HCUP inpatient database.

### **Exclusion of Records**

Beginning in 1995, the source reports the discharge disposition of "still a patient." These records were excluded from the HCUP Oregon inpatient data.

### **SID Notes**

Matching Oregon Hospital Identification Numbers Across Years. Beginning with 1995 data, Oregon changed the format of their hospital identification numbers stored in DSHOSPID. The new format is incompatible with the format used in previous years. Comparability across years can be accomplished using the AHA SURVEY-year to inpatient crosswalk:

- Hospitals are identified in the HCUP SID data files by the data source-specific hospital identifier (DSHOSPID).
- In the AHA survey-year to inpatient crosswalk, hospitals are identified by DSHOSPID and the HCUP hospital identifier (HOSPID).
- Comparability across years can be achieved by linking Oregon SID files for different years by HOSPID.

*Washington Hospitals.* Two hospitals from the State of Washington report their data to both Oregon and Washington data organizations. Prior to 2000, inpatient data for these two Washington hospitals (DSHOSPID = 530355 and 531130) are included in both the HCUP Oregon SID and Washington SID. Beginning in 2000, these two Washington hospitals are excluded from the HCUP Oregon SID.

## **South Carolina File Composition**

### **Source Files**

The HCUP South Carolina inpatient files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board.

### **Which Hospitals**

The South Carolina data include inpatient stays from acute care hospitals. Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by South Carolina indicates that stays in long term care units and facilities were excluded by South Carolina from the supplied data.

### **Exclusion of Records**

The following records were excluded from the HCUP South Carolina data:

- Beginning in 1994, discharges with disposition of "still a patient" were excluded from the HCUP inpatient database. This disposition was not used in 1993 and no exclusion was necessary for that year.
- Beginning in 1996, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. This disposition was not used prior to 1997, and no exclusion was necessary for those years.

### **SID Notes**

Fragmentary Records in the 1996 South Carolina SID. The 1996 data file supplied by South Carolina had a few fragmentary records scattered throughout the raw file. These records have invalid hospital identifiers, DSHOSPID, and should be excluded from the HCUP South Carolina SID.

Delete records with DSHOSPID < "010".

These fragmentary records have already been removed from the publicly released Central Distributor SID files.

## **Utah File Composition**

### **Source Files**

The HCUP Utah inpatient files were constructed from inpatient files received from the Office of Health Care Statistics, Utah Department of Health.

### **Which Hospitals**

The Utah data include inpatient discharge data from general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) associated with acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by Utah does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

## **West Virginia File Composition**

### **Source Files**

The HCUP West Virginia inpatient files were constructed from inpatient discharge files received from the West Virginia Health Care Authority.

### **Which Hospitals**

The West Virginia Health Care Authority collects data from acute care licensed hospitals in West Virginia, including critical access hospitals. Freestanding psychiatric and rehabilitation hospitals are not included.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

Information on stays in rehabilitation units of acute hospitals was excluded from the file provided by the data source.

### **Exclusion of Records**

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP West Virginia inpatient data.

## Washington File Composition

### Source Files

The HCUP Washington inpatient files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) data received from the Washington State Department of Health.

### Which Hospitals

Washington supplied uniform bills for inpatient stays from all acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### Inclusion of Stays in Special Units

The documentation provided by Washington indicates that stays in special units within a hospital are included in the data. Records for these different types of care can be identified by the fourth digit of the source-supplied hospital identifier (DSHOSPID) on each patient record:

None =	General acute care
A =	Alcohol Dependency Unit
B =	Bone Marrow Transplant Unit
E =	Extended Care Unit
H =	Tacoma General/Group Health Combined
I =	Group Health only at Tacoma Hospital
P =	Psychiatric Unit
R =	Rehabilitation Unit
S =	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.



## **Wisconsin File Composition**

### **Source Files**

The HCUP Wisconsin inpatient files were constructed from confidential files received from the Wisconsin Department of Health and Family Services.

### **Which Hospitals**

Wisconsin supplied discharge data abstract and uniform bills for non-federal Wisconsin hospitals. Source documentation provided by Wisconsin indicates that psychiatric facilities and alcohol and other drug abuse rehabilitation facilities are included in the Wisconsin data.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

### **Inclusion of Stays in Special Units**

The documentation supplied by Wisconsin does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.